



CITY OF EDINA

4801 50th Street West, Edina, MN 55424-1394

Building Inspections Department

(952) 826-0372 FAX (952) 826-0389 TDD (952) 826-0379

www.ci.edina.mn.us

PERMIT NUMBER

for office use only

Mechanical Permit Application

PRINT OR TYPE APPLICATION

Site Information

Address _____ Suite/Unit number _____

Lot _____ Block _____ Subdivision _____

Tenant/Building name _____

Is a variance required? ☐ Yes ☐ No If yes, provide Planning Department case number _____

Work Description

Proposed starting date _____ Completion date _____

☐ 1 New ☐ 2 Addition ☐ 3 Alteration ☐ 3 Remodel ☐ 4 Repair ☐ 4 Replace

☐ Residential

☐ Schools

☐ Other Non-residential Bldg

☐ Multi-family residential

☐ Churches & Religious Bldg

☐ Other Non-building Structure

☐ Commercial/ Industrial

☐ Hospital/ Institutional Bldg

☐ City Owned

Energy Code Compliance: ☐ option (a) ☐ option (b) - submit Energy Code Worksheet with application for option (b)

☐ Air Conditioning

☐ Air Handling Units

☐ Boilers

☐ Class A Chimney

☐ Class B Chimney

☐ GeoThermal System (survey w/ system site req'd)

☐ Clothes Dryer Venting

☐ Ductwork

☐ Wood Fireplace/ Stove

☐ Gas Fireplace/Stove

☐ Forced Air System

☐ Gas Piping

☐ Wall Heaters

☐ Other

☐ Refrigeration Unit

☐ Res. Range Hoods

☐ Unit Heater

☐ Ventilation Fans

☐ **Grease Ducts/Hood - Permit application, plans and permit must be separate from other mechanical systems in the same building**

Additional description _____

Valuation

Applicant is

☐ Contractor

☐ Owner

☐ Designer

Contractor Information

Company Name _____ MN Contractors License # _____

Address _____ City _____ State _____ Zip _____

Contact Person Name _____

Phone _____ Cell _____ EMail _____ Fax _____

Designer Information

Company name _____ ☐ Architect ☐ Engineer ☐ Contractor

Address _____ City _____ State _____ Zip _____

Contact person name _____ MN License/Registration # _____

Phone _____ Cell _____ Email _____ Fax _____

COMPLETE APPLICATION ON REVERSE SIDE

Owner Information

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Cell _____ Email _____ Fax _____

Applicant Signature

I hereby apply for a permit and attest to the following:

- * All information on this application is complete and accurate.
- * All work will comply with Edina City Code and Minnesota State Building Code.
- * I understand this is an application only, not a permit. Work will not start without an approved permit.
- * All work will be done according to plans approved by the City of Edina when approved plans are required.
- * Erosion and sediment control, when applicable, will be installed before starting work.

Applicant's signature _____ Date _____

Applicant's printed or typed name _____

Owner/Applicant Statement - To be completed only when the homeowner is the permit applicant

I certify I occupy and own the dwelling and/or own the accessory structure for which this permit application is being submitted. I further certify I will continue to reside at this dwelling after all plumbing, heating, ventilating and/or air conditioning work I install has been completed. I certify that I or my immediate family (as defined in Edina City Code, Section 440.03, Subd. 2, Exception) will install all plumbing, heating, ventilating and/or air conditioning work in accordance with all local and state regulations, and that the installer is knowledgeable with the applicable codes.

Homeowner's signature _____ Date _____

Homeowner's typed or printed name _____

Approvals

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Building Inspections Dept
By _____ Date _____
Engineering Dept
By _____ Date _____
Planning Dept
By _____ Date _____
Health Dept
By _____ Date _____
Fire Dept
By _____ Date _____
Assessing Dept
By _____ Date _____

Fees

for office use only

Permit fee ☐ Yes ☐ No _____
Plan review fee ☐ Yes ☐ No _____
State surcharge ☐ Yes ☐ No _____
Contractor license fee ☐ Yes ☐ No _____
Investigation fee ☐ Yes ☐ No _____

TOTAL _____